1.0 POLICY:

This document is designed to give guideline on the external disaster plan of the hospital.

2.0 PURPOSE:

- To provide policy for response to external disaster situations that may affect hospital staff, patients, visitors and the community.
- Identify responsibilities of individuals and departments in the event of a disaster situation.
- Identify guidelines for emergency activities and responses.

2.0 SCOPE:

Hospital wide

3.0 RESPONSIBILITY:

Hospital Administrator, Dy.Medical Superintendent, Consultant – Emergency Services & Heads of the departments.

5.0 PROCEDURE:

A. Several types of hazards pose a threat to the hospital:

- Minor external disasters: incidents involving a small number of casualties.
- Major external disasters: incidents involving a large number of casualties.
- Disaster threats affecting the hospital or community (large or nearby fires, cyclone, flooding, explosions, etc.).
- Epidemics

B. Disaster Control centre:

- A Disaster control Centre which is a command centre will be set up by the in-charge to handle and coordinate all internal communications. All department heads or their designee will report to this office and call as many of their employees as needed.
- The person in charge when the disaster happens, will assign a nurse to the communications system in the Emergency. This nurse will answer all calls from this station
- At least one messenger will be assigned to each radio operator to deliver messages, obtain casualty count from triage, etc.
- Person directing personnel pool shall send a runner to all departments to advise them of the type of disaster and number of victims and extent of injuries when this information is available.

- Nursing department will be notified by the Dy.Medical Superintendent or designated persons.
- Department Heads will be notified by the Hospital Administrator or designated staff.
- Department Heads will notify their key personnel.
- Families of casualties will be instructed to wait there until notified of patient's condition. Patient visiting hours will be suspended during the disaster situation.
- A hospital staff member will stay with the family members.
- A list of the visitor's names in association with the patient they are inquiring about should be kept. Volunteers may be needed to escort visitors within the facility.
- Telephone lines will be made available for outgoing and incoming calls. One line will be designated as the open line to the external Command Center. The person in charge will designate assigned staff to monitor the phones.

C. Supplies and Equipment:

Disaster supply kit is available and will have the reserve of all items as required to handle a disaster. This includes equipment, consumable material and other items required for patient care activities. Extra supplies will be obtained through Purchase department.

D. Information Centre:

A communication centre for receiving outside calls and giving information to the press, radio and relatives shall be set up in the lobby. All outside communications will be co-ordinated by the Hospital Administrator

E. Mortuary:

- Patients pronounced Death on Arrival shall be tagged with a Disaster Tag. Photograph of the deceased may be taken for identity purposes.
- After bodies have been identified, the information will be filed in the Medical Records
- Bodies will be shifted to the mortuary.

ARRIVAL AND TRIAGE

Patients may arrive at the casualty by means of, ambulances and private vehicles. Many patients may already have been classified and stabilized at the emergency site and come with clinical notes and identifications. Triage upon arrival makes it possible to review the severity of the condition. Triage is the process by which victims are sorted according to severity of injury. Immediate attention will have to be paid to the patients who are serious and can be saved.

The goal of triage is:

- To select those patients in greatest need of medical attention.
- To ensure that patients present for treatment only to the appropriate forewarned medical specialty as a means of conserving limited personnel and supply resources.

The area of triage upon arrival at the hospital should be the only point of entry for victims of mass casualty. Ambulances will bring the critically ill patients and patients sent from the disaster site to the driveway of the car park area where they will be handed over to the triage teams placed there to sort out the patients.

All casualties will be sent to the assigned areas P1 to P4 by spot triaging by the EMO or triaging nurse. The best triage classification is also the simplest:

REFERRAL PROCESS

The EMO on duty, after documentation, directs the patients to different specialty departments for treatment as per the need and after stabilizing the patient in the Emergency Room.

On arrival resuscitation measures are carried out and details should be entered in the case sheet. Concerned unit heads are informed immediately.
Paediatric age group patients should be sent to paediatric hospital with hospital attendants and due care after stabilizing.

Hospital Function:

After declaration the hospital will be prepared to receive patients in the wards and ICU's.

Patients who can be discharged will be discharged and those who can be managed at home will be sent home in the Ambulances available. The ICU's will be cleared to receive critically ill patients. All efforts will be made to make beds available or new beds put into action. Name boards and signs will be displayed to make it easy to access areas. All functions of the Hospital will continue as normal.

Security:

The Security Officer and his team will cordon off the hospital and make access in and out under their control. Patients will be allowed to go home on discharge. Unauthorized people will not be permitted into the building. Security Officer will take care of all vehicular transports. He will also take care of holding and shifting the dead bodies to the mortuary and to the government hospital for autopsy.

Drills:

For mock drills also the above said procedure will be complied and there will be a debriefing session as soon as the drill is over in the conference point regarding the outcome of the drill. The external observer comments will be taken as seriously for correction in the forth-coming drills.

External Disaster Mock drills will be conducted twice in a year.

Reference: External Disaster Management Plan: Code Red Manual